

SENATE, No. 3055

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED NOVEMBER 23, 2009

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator JIM WHELAN

District 2 (Atlantic)

Assemblywoman LINDA STENDER

District 22 (Middlesex, Somerset and Union)

Assemblyman HERB CONAWAY, JR.

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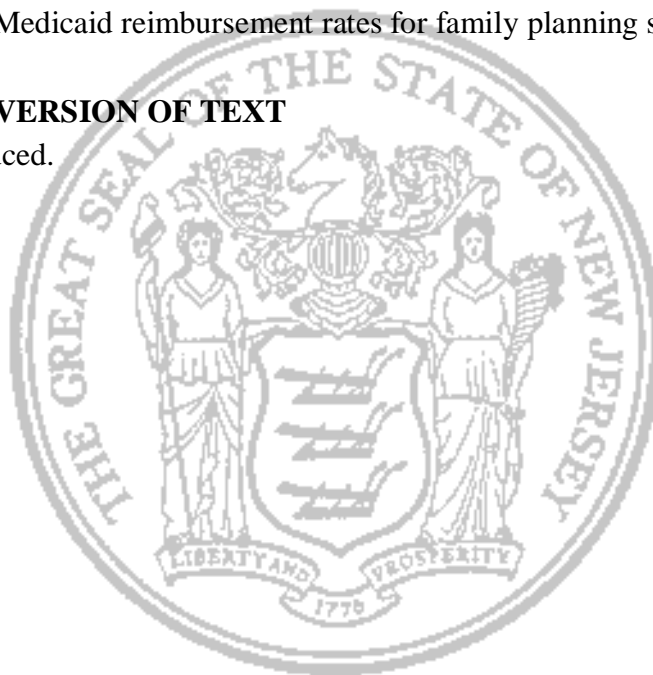
Senator Weinberg and Assemblyman Diegnan

SYNOPSIS

Increases Medicaid reimbursement rates for family planning services.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/8/2010)

1 AN ACT concerning family planning services and supplementing
2 Title 30 of the Revised Statutes.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. a. The reimbursement rate for an office visit for family
8 planning services billed by a health care facility, which is licensed
9 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) and receives
10 funding under Title X of the Public Health Service Act (42 U.S.C.
11 s.300 et seq.), to the State Medicaid program shall be an amount
12 that equals at least 90% of the amount of the actual cost of services
13 provided during an office visit, as such rate is in effect on the date
14 of enactment of this act.

15 b. As used in this section:

16 "Family planning services" means comprehensive reproductive
17 health care services, including: contraception; pregnancy detection;
18 options counseling; diagnosis or treatment, or both, of sexually
19 transmitted diseases; routine gynecological and cancer screening
20 services; health promotion activities; and Level I infertility services
21 such as an interview, education, physical examination, laboratory
22 testing, counseling, and appropriate referral. The term does not
23 include termination of pregnancy.

24 Family planning services may also include: prenatal and
25 postpartum care; other gynecological services, including
26 colposcopy and cryotherapy; menopausal services; Level II
27 infertility services, which include semen analysis, assessment of
28 ovulatory function, and post coital testing; and Level III infertility
29 services, which include more sophisticated and complex infertility
30 testing and procedures than Levels I and II.

31 "Medicaid" means the Medicaid program established pursuant to
32 P.L.1968, c.413 (C.30:4D-1 et seq.).

33 "Office visit" means a procedure billed under a common
34 procedure terminology code that includes a family planning
35 modifier in the description of the code.

36
37 2. The Department of Health and Senior Services shall adjust
38 the Family Planning Services Grant-in-Aid appropriation and
39 transfer the appropriate amount of State funds to the Division of
40 Medical Assistance and Health Services in the Department of
41 Human Services to facilitate the implementation of section 1 of this
42 act. The Department of Health and Senior Services shall notify the
43 Legislative Budget and Finance Officer as to the amount that is
44 transferred.

45
46 3. This act shall take effect immediately and shall apply to
47 office visits rendered on or after the effective date.

STATEMENT

This bill increases reimbursement for family planning services under the State Medicaid program, by providing that the reimbursement rate for an office visit for family planning services, which are billed by a licensed health care facility that receives funding under Title X of the Public Health Service Act, (42 U.S.C. s.300 et seq.), shall be an amount that equals at least 90% of the amount of the actual cost of services provided during an office visit, as such rate is in effect on the date of enactment of the bill.

The bill also provides that the Department of Health and Senior Services shall adjust the Family Planning Services Grant-in-Aid appropriation and transfer the appropriate amount of State funds to the Division of Medical Assistance and Health Services in the Department of Human Services to facilitate the implementation of the reimbursement increase. Additionally, the Department of Health and Senior Services must notify the Legislative Budget and Finance Officer as to the amount that is transferred.

A recent comparison of the Medicaid reimbursement rates for family planning services and the actual cost for these services in New Jersey indicates that current reimbursement rates are significantly less than the cost of providing these services. For example, in the case of initial and annual office visits for family planning services, the reimbursement rates in New Jersey are less than one-half the cost of these visits. In the case of prolonged routine follow-up visits, also known as "problem visits," New Jersey's Medicaid reimbursement rate currently is about one-third of the cost.

Since New Jersey's Medicaid expenditures for Title X family planning services are reimbursed at the favorable rate of 90%, any increase in the Medicaid amounts paid by New Jersey under this bill will only cost New Jersey 10% of the increased expenditure.

For many women for whom private health care has been unavailable, family planning services are their first, and perhaps the least expensive, entry point into comprehensive health care.

"Family planning services" are defined in the bill as comprehensive reproductive health care services, including: contraception; pregnancy detection; options counseling; diagnosis or treatment, or both, of sexually transmitted diseases; routine gynecological and cancer screening services; health promotion activities; and Level I infertility services such as an interview, education, physical examination, laboratory testing, counseling, and appropriate referral. The term does not include termination of pregnancy.

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1 ovulatory function, and post coital testing; and Level III infertility
2 services, which include more sophisticated and complex infertility
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5 are made on or after the effective date.